

**ALABAMA DEPARTMENT OF PUBLIC HEALTH  
PROGRAM SIGN-IN SHEET and EVALUATION  
Tuberculosis: Past, Present and Future  
ASNA NO: 5-91.94 ABN PROVIDER NUMBER: ABNPO387 DATE: April 16, 2004**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Please check one: ☐ Nurse ☐ Social Worker ☐ Other \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

Shade in the circle under the number you think best evaluates this educational offering: 5 - Very useful 4 - Slightly useful 3 - Average 2 - Not useful 1 - Unacceptable

	5	4	3	2	1
<b>Teaching effectiveness of presenter(s):</b>					
John Bass, MD .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Course Content Objectives:**

1. Discuss one aspect of the relationship of bovine tuberculosis and European vampire legends.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Explain two ways the northern European concept of the hereditary nature of tuberculosis influenced the arts and attitudes about the disease was spread .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Explain two ways the influence of tuberculosis on literature and the performing arts as they expressed early theories about the nature of the disease and the devastation it was causing .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Describe one way the paintings of Rembrandt as an early record of the effects of this disease in people .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Describe how two cultural beliefs emerged from observation of the ravages of TB and influenced the way TB patients were handled.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

List one thing you will do differently as a result of this training: \_\_\_\_\_

Other education programs you would be interested in attending: \_\_\_\_\_

I attest that I viewed at least 85% of this program: Participant's Signature: \_\_\_\_\_ Date viewed: \_\_\_\_\_

☐ **No CEU's Requested**, mail completed form to: Alabama Department of Public Health; Office of Professional and Support Services, Attention: Training Coordinator; PO Box 303017, Suite 1010; Montgomery, Alabama 36130-3017.

**NOTE: IF CEU'S ARE REQUESTED: Within 3 working days**, fax (334-206-5640) or mail completed form to: Alabama Department of Public Health; Video Communications, PO Box 303017, Suite 940; Montgomery, Alabama 36130-3017.

Out of state participants include \$20 per person (check payable to: Alabama Department of Public Health)

☐ Check included ☐ Check will follow ☐ Please invoice **Certificate will not be provided until we receive evaluation form.** IRS Tax ID No. 63-1106545